

ARTHRITIS EXERCISE & EDUCATION COURSE

Participant Evaluation Form FY07

Please help us improve future offerings by evaluating this program and the facility.

Course Leader Names: _____

Course Dates: _____

Please check the appropriate box.

☐ Arthritis Foundation Exercise Program

☐ Arthritis Foundation Self-Help Course

☐ Chronic Disease Self Management Program

☐ Arthritis Foundation Aquatics Program

Circle a response for each item as appropriate. If you rate an item poor or very poor, please briefly explain why in the comments section below.

Facility Characteristics	Very Good	Good	Average	Poor	Very Poor
Convenience of location	5	4	3	2	1
Building Accessibility	5	4	3	2	1
Ease and safety of pool entry and exit	5	4	3	2	1
Water temperature	5	4	3	2	1

Comments: _____

Please circle a response for each statement. If you rate a statement as Not at All True, please briefly explain why in the comments section below.

Participation in this course has	Very True	Somewhat True	Not at All True	Unsure	Not Applicable
Made me more confident in my ability to take care of my arthritis.	5	4	3	2	1
Increased my range of motion and relieved joint stiffness.	5	4	3	2	1
Increased my independence and ability to carryout daily activities.	5	4	3	2	1
Decreased my arthritis-related joint pain.	5	4	3	2	1
Improved my mood and self-esteem.	5	4	3	2	1

Comments: _____

1) This course met my expectations? *(Please check the appropriate response.)*

☐ Yes ☐ No

☐ Unsure

If no or unsure, why not? _____

2) I found the following aspect(s) of the course the most helpful: _____

3) I would make the following change(s) to this course: _____

4) I learned about this course from: *(Please check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Regional Arthritis Center | <input type="checkbox"/> Arthritis Foundation |
| <input type="checkbox"/> Information received in the mail | <input type="checkbox"/> Family Member or Friend |
| <input type="checkbox"/> Physician Referral | <input type="checkbox"/> Community Presentation/Health Fair |
| <input type="checkbox"/> Other (Please specify.) _____ | |

5) I participated in this course to: *(Please check all that apply.)*

- ☐ Alleviate the physical symptoms caused by my arthritis.
- ☐ Learn more about arthritis and arthritis self-management techniques.
- ☐ Interact with other people with arthritis who have similar problems as myself.
- ☐ Other (Please specify.) _____

6) I have been participating in an arthritis exercise or self-management program for:

- a) First Time b) Several Times: ____ Years, ____ Months
c) Unsure ____

7) I will make changes in my arthritis care as a result of participation in this course?

- ☐ Yes ☐ No ☐ Unsure

If yes, I will make the following changes: *(Please check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> practice relaxation techniques | <input type="checkbox"/> change to healthier eating habits |
| <input type="checkbox"/> do more stretching exercises | <input type="checkbox"/> join an arthritis support group |
| <input type="checkbox"/> do more strengthening exercises | <input type="checkbox"/> improve relationship with/my doctor |
| <input type="checkbox"/> other (please specify): _____ | |

8) Would you recommend this course to other people with arthritis? *(Please check one.)*

- ☐ Yes ☐ No ☐ Unsure If no or unsure, why not? _____

OPTIONAL:

9) What is your race/ethnicity? *(Please check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander, non-Hispanic |
| <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> American Indian/Alaskan Native, non-Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (please specify): _____ |

10) What is your age? *(Please check the appropriate category.)*

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 55-64 years |
| <input type="checkbox"/> < 18 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 65-74 years |
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 75+ years |

Thank you for participating in this program and completing this evaluation form!